



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
www.opi.mt.gov

## Summer Food Service Program Enrollment Information Form

At the beginning of each session, sponsors with camps and enrolled programs must submit actual enrollment numbers for each site.

Please complete and mail to: Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena MT 59620-2501 or Fax (406) 444-2955.

Sponsor Name \_\_\_\_\_ Agreement Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Number of children who qualify for free meals \_\_\_\_\_

Number of children whose family size and income  
exceeds the guidelines for Summer Food Meals \_\_\_\_\_

I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_